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> > 22389 U.S. PTO 10/694436 102703

October 27, 2003

UTILITY PATENT APPLICATION TRANSMITTAL

(new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket Number: SIU 7397

First Named Inventor: Kathleen C.M. Campbell

Title: THERAPEUTIC USE OF METHIONINE FOR THE TREATMENT OR

PREVENTION OF MUCOSITIS

Express Mail Label Number: EV 272753955 US

TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

APPLICATION ELEMENTS

1.	[]	Fee Transmittal Form			
			(original	and	duplicate)	

- 2. [X] Applicant claims small entity status
- 3. [X] Specification [Total Pages <u>56</u>]
- 4. [X] Drawings [Total Sheets 10]
- 5. Oath or Declaration [Total Pages 4]
 - a. [] Newly executed (original or copy)
 - [X] New (unexecuted)
 - - i. [] DELETION OF INVENTOR(s)
 Signed statement attached
 deleting inventor(s) named
 in prior application.

6.	The copy cons acco	Incorporation By Reference (useable if Box 5b is marked) entire disclosure of the prior application, from which a of the oath or declaration is supplied under Box 5b, is idered as being part of the disclosure of the mpanying application and is hereby incorporated by rence therein.				
7.	[X]	Application Data Sheet				
8.	[]	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)				
9.	[]	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)				
		 a. [] Computer Readable Form b. [] Specification Sequence Listing on: i. [] CD-ROM or CD-R (2 copies); or ii. [] paper c. [] Statements verifying identity of above copies 				
		ACCOMPANYING APPLICATION PARTS				
10.	[]	Assignment Papers (cover sheet & document(s))				
11.	[]	37 CFR 3.73(b) Statement [] Power of Attorney				
12.	[]	English Translation Document (if applicable)				
13.	[]	IDS with PTO/SB/O8A [] Copies of IDS Citations				
14.	[]	Preliminary Amendment				
15.	[X]	Return Receipt Postcard				
16.	[]	Request and Certification for Non-Publication. Form PTO/SB/35 is attached.				
17.	[]	Certified Copy of Priority Document(s) if foreign priority is claimed				
18.	[]	Other:				
		IF A CONTINUING APPLICATION, CHECK APPROPRIATE BOXES AND SUPPLY THE REQUISITE INFORMATION				
19.	[]	Continuation [] Divisional [] Continuation-in-Part of prior application No.:				
	[]	Complete Application based on provisional Application No.				
Prio	r app	lication information: Examiner: Group Art Unit:				

CORRESPONDENCE ADDRESS

20. Correspondence Address: Customer Number 321 Attention: James E. Davis

Respectfully submitted,

James E. Davis, Reg. No. 47,516

JED/clh